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(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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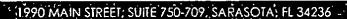
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UNISEARCH, INC.





8/25/2021

SECRETARY OF STATE OF FLORIDA DIVISION OF CORPORATIONS THE CENTRE OF TALLAHASSEE 2415 NORTH MONROE SUITE 810 TALLHASSEE, FL 32303

RE: Unisearch Change of Address

To Whom it May Concern:

Enclosed please find the applications to change the registered agent address on behalf of Unisearch, Inc. for entities that have appointed Unisearch as agent. (More applications will be forwarded in a separate package for the remaining entities). Also enclosed is check # 1043 for \$3,760. Should you have any questions, please contact me at the below number.

Thank you,

oelle Churik

Unisearch, Inc.

1990 Main Street, Suite 750-709

Sarasota, FL 34236

888-617-4478

joelle.churik@unisearch.com

2021 AUG 25 AM II+ 30 SECRET IN OFF TH

statement of ch	e provisions of sections 607.0502, 6 cange is submitted for a corporation fer to change its registered office or	ı organiz	zed under the law:	s of the State of	TEXAS	
_				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
 The name of The principa 	f the corporation: DEBTVANTAGE al office address: 501 CONGRESS A	VESTE	150AUSTIN, TX 7	8701-4143		
3. The mailing	address (if different):					
4. Date of inco	rporation/qualification: 07/13/2017		Document no	umber: <u>F170000</u>)03157	
5. The name ar	nd street address of the current regis artment of State: (If resigned, enter	stered ag	ent and registered			
	UNISEARCH, INC.					
	155 OFFICE PLAZA DRIVE			<u></u>	_ <u>.</u>	
	TALLAHASSEE, FL 32301					
6. The name ar (if changed)		red agent	t (if changed) and	/or registered o	ffice	
	UNISEARCH, INC.	·			_	
	1990 MAIN STREET, SUITE 750-709					
	P.O. Box NOT acceptable SARASOTA, FL 34236					
	lress of its registered office and the					l agent, 202
Such change vauthorized by	was authorized by resolution duly the board, or the corporation has be	adopted been not	by its board of d ified in writing o	rectors or by a f the change.	n officer so	1 100 25
2	nture of an officer or director	_		d or typed name and	7.	7
I further agree of my duties, a document is b	ot the appointment as registered a e to comply with the provisions of and I am familiar with and accept eing filed merely to reflect a chang as been notified in writing of this c	an statu the oblig ge in the	ites relative to the gation of my posi	e proper ana co tion as revister	omplete perfored agent: Or eby confirm t	rmance in this
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	le ann		08/17/2021			
	Signature of Registered Agent	_		Date		-
It signing on t	behalf of an entity:					
JOELLE CHU	RIK, ASST. SECRETARY					
	Typed or Printed Name					

* * * FILING FEE: \$35.00 * * *